

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3848**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 211

0117

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 53 yrs.		d. STREET ADDRESS (If rural, give location) 705 N.25th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 705 N.25th Street			

0117

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Potter	c. (Last) Harding	4. DATE OF DEATH (Month) (Day) (Year) February 21, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 10, 1862	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Lumberman (Pres)	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Yards	11. BIRTHPLACE (State or foreign country) Rockford, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Josiah Frederick Harding	13b. MOTHER'S MAIDEN NAME Harriet Jones Rotteng	14. NAME OF HUSBAND OR WIFE Mary A. Harding
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 488-14-9831	17. INFORMANT'S SIGNATURE OR NAME Arthur Harding	ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMIA		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PROSTATIS + NEPHRITIS		
	DUE TO (c) Enlarged Prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 1936**, to **2/22 1951**, that I last saw the deceased alive on **2/17 21, 1951**, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. H. Shaeffer M.D.	23b. ADDRESS 801 1/2 Francis St. Joseph	23c. DATE SIGNED 2/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 23, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Feb 28, 1951	REGISTRAR'S SIGNATURE Carl C. Casato	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS St. Joseph, Mo.
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MAR 20 1952

APR 30 1952

MAR 13 1952

MAR 13 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on *****

working under my personal supervision.

Student Embalmer No.*****

Signed

Edward J. Harrington

Signed.....*****

Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Buchanan } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 3948-51
Local Registrar's No. 211

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of March, 1951, before me appears Dr. E. H.
Shankelford, D.O., who, upon his oath, states that the original record of ~~birth~~ death
for John Potter Harding died Feb 21, 1951, 1951, in the State of
Missouri, and which was filed at St. Joseph on 2/28/51, 1951, should be corrected as follows:

- Item No. _____ should read _____
Instead of _____
- Item No. 22 should read attended deceased to Feb 21, 1951, last saw alive
Instead of Feb 22, 1951 Feb 21, 1951
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant E. H. Shankelford, D.O. Physician-Attendant Relationship.
801 1/2 Francis St., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 9th day of March, 1951
My Commission expires Aug 11 - 1954 Jessie T. Deane Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri

County of Buchanan

ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 3848-51

Local Registrar's No. 211

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of March, 1951, before me appears.....

Walter Meierhoffer, who, upon his oath, states that the original record of ~~XXXX~~ death

for John Potter Harding ^{died} ~~50th~~ February 21, 1951, in the State of Missouri, and which was filed at St. Joseph, Mo. on 2-28, 1951, should be corrected as follows:

Item No. 17. should read Arthur Castle

Instead of Arthur Harding

Item No. 16. should read 488-14-9831.

Instead of None.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Walter Meierhoffer *Walter Meierhoffer* Undertaker.
Relationship. Undertaker.

1946 Colhoun St., St. Joseph, Missouri.
Present Address.

Subscribed and sworn to before me this 8th day of March, 1951

My Commission expires April 26, 1954 *Elizabeth C. McAllister* Notary Public.